

**MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-033651**

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

**318**

Primary Registration District No.

**1003**

Registrar's No.

**8648**

STATE FILE NUMBER

**FILED AUG 29 1963**

**1. PLACE OF DEATH**

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN **St. Louis**

Length of stay in 1b

**6yrs. 115da.**

c. CITY

OR TOWN **St. Louis**

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR

INSTITUTION

**Chronic Hospital**

Inside Limits

Yes ☐ No ☐

d. STREET

ADDRESS

(If outside, give location)

**3545 S. Jefferson**

Reside on Farm

Yes ☐ No ☐

**3. NAME OF DECEASED**  
(Type or print)

First

**Dora**

Middle

**M**

Last

**Gausmann**

**4. DATE OF DEATH**

Month

**8**

Day

**24**

Year

**63**

**5. SEX**

**F**

**6. COLOR OR RACE**

**W**

**7. Married**

☐ Never Married ☒ Widowed ☐ Divorced

**8. DATE OF BIRTH**

**12-13-83**

**9. AGE (last birthday)**

**79**

**IF UNDER 1 YEAR**

Months Days Hours Min.

**IF UNDER 24 HR**

Months Days Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired)

**Housework**

**10b. KIND OF BUSINESS OR INDUSTRY**

**At Home**

**11. BIRTHPLACE** (City and state or country)

**St. Louis, Mo.**

**12. CITIZEN OF WHAT COUNTRY**

**U.S.A.**

**13a. FATHER'S NAME**

**August Schaeffer**

**13b. MOTHER'S MAIDEN NAME**

**Martha Loetcher**

**14. NAME OF HUSBAND OR WIFE**

**Late Harry Gausmann**

**15. WAS DECEASED EVER IN U.S. ARMED FORCES** (Yes, no, or unknown) (If yes, give war or dates of service)

**No**

**None**

**17. INFORMANT**

**6**

**Address**

**Martha Kennedy 4969 Mardel Ave.**

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

**PART I. DEATH WAS CAUSED BY:**

**IMMEDIATE CAUSE (a)**

*Arteriosclerotic Heart Disease*

**INTERVAL BETWEEN ONSET AND DEATH**

*1 year*

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

**DUE TO (b)**

**DUE TO (c)**

*42.0.0*

**PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)**

*Diabetes Mellitus*

**PART III. If deceased was female was there a pregnancy in last 90 days.**

☐ Yes ☒ No ☐ Unknown

**19. WAS AUTOPSY PERFORMED?**

YES ☐ NO ☒

**20a. ACCIDENT**

☐

**SUICIDE**

☐

**HOMICIDE**

☐

**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)

**20c. TIME OF INJURY**

Hour a.m. p.m.

**20d. INJURY OCCURRED WHILE AT WORK**

☐ NOT WHILE AT WORK ☐

**20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)

**20f. CITY, TOWN, OR LOCATION**

**COUNTY**

**STATE**

**21. I attended the deceased from** **5-1-57** **to** **8-24-63** **and last saw her/him alive on** **8-24-63**

**Death occurred at** **3:40 AM** **on the date stated above, and to the best of my knowledge, from the causes stated.**

**22a. SIGNATURE**

*Joseph P. E. M.*

**22b. ADDRESS**

*3600 Duval*

**22c. DATE SIGNED**

*8/24/63*

**23a. BURIAL, CREMATION, REMOVAL (Specify)**

**Burial**

**23b. DATE**

**Aug. 27, 1963**

**23c. NAME OF CEMETERY OR CREMATORY**

**New St. Marcus Cemetery**

**23d. LOCATION** (City, town, or county)

**St. Louis, Mo.**

**24. FUNERAL DIRECTOR**

**ADDRESS**

**Kriegshauser 4228 S. Kingshighway Blvd.**

**25. DATE RECD. BY LOCAL REG.**

**AUG 26 1963**

**26. REGISTRAR'S SIGNATURE**

*Joan Smith, M.D.*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ernest W. Gillers

Licensed Embalmer No. 4080

P. O. Address St Louis mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.